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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/074,411			ing Date 12/2002	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	UMBER FIL	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A	1	N/A			N/A	
	FAL CLAIMS CFR 1 16(i))		minus 20 =			1	X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			ı	x s = -		1	x s =	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/f)(g) and 37 CFR 1.16(s)											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						1					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	07/14/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 33	Minus	** 36	= 0		X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	•••4	- 0		x s =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
E.	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	X 8 =	
ENDMENT	Independent (37 CFR 1 16(h))		Minus	***	-]	X \$ =		OR	X 8 =	
Ν̈́	Application Size Fee (37 CFR 1.16(s))										
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write '0' in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'- "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'. The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'. The Highest Number Previously Paid For IN THIS SPACE is less than 4, enter '3'. The Highest Number Previously Paid For IN THIS SPACE is less than 4, enter '3'. The Highest Number Previously Paid For IN THIS SPACE is less than 4, enter '3'.											

This collection of information is required by 37 CFR 11.6. The information is required to defining or retain a benefit by the public which is to file (and by the DSF) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 21.4. This collection is estimated to take 12 innuities to complete, including gathering, preparing, and submitting the completed application form to the USF 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFR Information Cities. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, V.A. 2231-34. Bo. D. NOT ISSN 17.5. The ESS OF COMPLETED FORMS TO THIS ADDRESS SEMD TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, V.A. 2231-34. Box.